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My experience of the MFFLM exam and advice for future candidates

I had the adventure of being part of the first group who participated in the membership exams for the Faculty of Forensic and Legal Medicine. I was asked to write about my experiences and to give advice on how to prepare for the exam. To start off I would like to share a bit of my background as I believe some people might be able to relate to this.

I come from South Africa where I did my undergraduate medical training. I got my degree in 2000 and worked for a few years in general practice, A&E and anaesthetics. I did my diploma in anaesthetics in 2004. I believe a general practice and A&E background is really useful in our job as forensic physicians as we work mostly independently and therefore we need a broad clinical experience base. In 2005 I came to the UK and was introduced to forensic medicine by a locum agency. They recruited me to work for a private company which provided services to Nottinghamshire Police. I was initially drawn to this job because of the decent income, flexible shift pattern and the fact that you weren't stuck indoors on one site all day long as we had to drive around to visit different police stations throughout the county. I also came to love the interesting nature of the job and the variety of the cases we see.

We had a basic induction course lasting a week followed by a shadowing period for about 4 weeks before we headed out on our own. Even with my general background I soon came to realize that this training period was not sufficient to be a good forensic physician. In order to improve my knowledge about the subject I bought and read a number of books on the subject which I will list later. I also attended a number of training courses since 2005 including:

1. St Mary's Sexual Assault Course in Manchester.
2. Bond Solon Training course on report and statement writing and testifying in court.
3. Sexually Transmitted Infection Foundation Course (by BASHH).
4. Introduction to the work of Forensic Physicians and SARC's (by old Association of Forensic Physicians)
5. RCGP course on Drugs misuse. (Harm reduction and treatment planning)
6. BASPCAN course on the Physical Signs of Child Sexual Abuse.
7. Forensic Physicians Development Courses in 2007 and 2008 (by the FFLM)
8. Forensic science service course on forensic sampling.
9. I attended the annual conferences of the FFLM in 2009 and 2010 both of which had a training component.
10. We further had regular informal meetings with our fellow FME's in Nottinghamshire as well as joint meetings with the paediatricians involved in child sexual abuse to discuss case

management. We also had training sessions held by Nottinghamshire and Leicestershire police on subjects such as Police Restraint Techniques, Impairment Tests, Use of TAZER etc.

It might seem like a lot to my new colleagues but bear in mind most of these are either 1 or 2-day courses. I list these courses as I believe preparation for the MFFLM Exam commences the day you start in the job and all the courses I attended was an essential part of gaining knowledge and also an invaluable opportunity to interact with your peers to discuss good clinical practice. I also found that one of the best ways to learn is to discuss difficult cases with more experienced colleagues as they arise and then to do further reading on the subject once you finished your shift. Finding yourself out of your depth is a powerful stimulus to further study! I can just hope I did not make too many mistakes along the path of learning.

I am also very grateful that some of our experienced colleagues took it upon themselves to start the Faculty of Forensic and Legal Medicine. I know we all benefit from the fact that we now operate under the guidance of the Faculty and once we attain the specialist status they are working so hard towards we will benefit even further. With this in mind I jumped at the opportunity to become an affiliate member in 2007 (you need no exam to do this) and the FFLM membership exam was therefore a natural progression for me. I also liked the fact that whatever I decide to do with the rest of my medical career I will have something to show on paper (an extra qualification) for the time I spent working as a Forensic Physician.

As we were the first group to do the FFLM exam I was quite unsure exactly how to prepare for it. The suggested reading list was very long and I knew I could never read all the books suggested. My common sense told me to use it as guidance and to make sure that I had at least two to three good general forensic textbooks and to get at least one text book on each specific subject that was covered by the exam. I had most of the books I used to prepare for the exams even before I decided to sit the exam as I bought these over the last 5 years for self-study. Most of the preparation was revision of topics I already studied before but prior to the exam I realized that my knowledge on certain topics covered by the exam like medical law, ethics, data protection, capacity and traffic medicine was insufficient. I bought and read books on these topics just prior to the exam.

The following is a list of the material I used to gain knowledge over the years and which I used to prepare for the FFLM exam. I tried to list them in the order of the time I spent on each book and made some comments on the books in brackets:

1. Clinical Forensic Medicine, Third Edition by W.D.S. McLay. Published in 2009. (A great book and an important read from cover to cover)
2. Clinical Forensic Medicine, A Physicians Guide. Second Edition Edited by Margaret Stark. Published in 2005. (A great book from our faculty's academic dean. Important from cover to cover. Some of the topics have been updated in the third edition listed above with new laws etc.)
3. Forensic Medicine. Clinical and Pathological Aspects. Edited by Jason Payne-James, Anthony Busuttill and William Smock. 2003. (This is a very big book on the subject. Some parts of the book concentrate more on forensic pathology than forensic medicine. It is however a great reference book for more in depth reading on many topics that are covered in less detail in the previous 2 books)
4. Code of practice Mental Health Act 1983. (A good read to improve your knowledge on this important subject and includes parts of the Act that we don't use every day but which are useful to know)
5. Code of Practice Mental Capacity Act 2005. (A good read on this important and difficult topic. In my view the Mental Capacity Act sometimes seems an overcomplicated piece of legislation and does not necessarily make decisions on this topic which often comes down to judgement much easier. This book at least helps to clarify the new act)
6. Fitness to Drive. A Guide for Health Professionals. (Important read from cover to cover)
7. The Physical Signs of Child Sexual Abuse, Published by the Royal College of Paediatricians in collaboration with the FFLM, 2008. This replaced the old version published in 1997. (A very important topic. I concentrated on the principles and conclusions and read the studies and statistics for greater understanding of how the conclusions were reached. I did not try to memorize all the statistics quoted in the studies)
8. Medical Law and Ethics. By Philip Howard and James Bogle. (A great introduction, summary and pocket reference on both topics)
9. I studied all the recent GMC Good Medical Practice Publication booklets listed on the reading list on subjects like consent, dealing with children, dealing with stab victims, data protection etc.
10. The PACE manual, Code C of the guidance manual. (This is essential knowledge from day 1 in the job)
11. Principles of Biomedical Ethics. (I found this interesting but sometimes difficult to read. I concentrated mainly on the areas that gave definitions and descriptions of the different schools of thought and different ethical systems)
12. Blackstone's Statutes on Medical Law. 5th edition. By Anne Morris and Michael A Jones. (More in depth study of medical law. For those who want more details than was offered in the book is mentioned at nr 7)
13. Colour Atlas of Sexual Assault, by Girardin, Faugno, Seneski, Slaughter, Whelan. Published by Mosby 1997 (I found this book particularly valuable when I first started examining sexual offence victims. The colour pictures and descriptions of the possible injuries of sexual assault are very useful. Some of the written content might now be a bit dated and might reflect how things are done differently in the USA as this is an American book. However this does not affect the value of this book as a visual learning tool.)
14. Forensic Medicine, Colour Guide. By John A. M. Gall, Stephen C Boos, Jason Payne-James and Elizabeth J Culliford. Published in 2003. (Another great visual learning tool for injury assessment and description.)
15. Forensic Pathology. Colour Guide. By David J Williams, Anthony Ansford, David S Priday, Alex S Forrest. Published 1998. (Not for

sensitive viewers! Good visual guide on death scene assessment and examinations of dead bodies. Mainly for those interested in Pathology. We did get a death scene assessment in the OSCE exam.)

16. The Journal of Forensic and Legal Medicine (I did not specifically study these but read some of them as they came along)
17. Guidance documents published on the FFLM Website are always important to read.

1. More about the actual exam

Part 1 of the FFLM was an MCQ examination. This exam was the same for all candidates including the non-clinical medico-legal advisors. For each option you had to decide true/false or I don't know. The reason for this was that negative marking was used and the "don't know" response at least avoided negative marks. My greatest piece of advice for part 1 candidates (especially those working as forensic physicians) would be to pay extra attention to subjects relating to medico-legal topics such as GMC guidelines (consent, data protection, GMC investigation procedures etc.), Medical Ethics, Medical law including PACE and Traffic Medicine. The candidates who failed at part one were the people who neglected these areas and only studied clinical topics. The clinical topics are important but these were actually tested in greater detail at the part 2 exam and not part 1.

At part 2 you have to decide which of the 3 modules to do with a choice between: Clinical, Sexual offence and Medico-legal modules. You need at least 3 years work experience in a particular module to sit the exam. I chose the clinical and sexual offence modules and fortunately I was successful in both.

Each part has a written paper and an OSCE exam. I found the written paper questions fair and it represented common problems we are faced with in clinical practice. In some cases it tested some of these topics in greater detail. The main difficulty for me was that some questions were a bit vague and not specific enough and we did not know how many facts to list for the suggested marks. I believe this might be addressed and be made more specific for future exams.

I must congratulate the faculty on the OSCE exam. It was clear that the faculty put great effort and expense into this part of the exam. Real actors and make-up were used and at times I had to remind myself that it was an exam and not a real clinical situation. A written clinical scenario was given at each station before you entered and the examiners mostly played the role of a fly on the wall rather than active participants in the process. Make sure you read the instructions carefully as the time is limited. You had to interact with the patients (the actors) and apart from knowledge, things like communication skills were tested.

My biggest suggestion to the faculty to improve the whole exam experience for both the successful and unsuccessful candidates would be to increase the detail of the feedback to the candidate following the exam. This is not so important for part 1 which purely tests knowledge but is vital for part 2 which also tests clinical skills. Although I passed I got far from 100% and I would love to know not only where but also why I lost marks and which of my skills still needs improving. Regardless of whether one passes or fails this feedback will be very valuable, because learning is an ongoing process and greater feedback will make improving easier.

Overall the examination was a great experience. I am proud to be part of the first group of people who became members of the faculty by way of examination. The exam was not easy but I believe it was fair. The process of registration and the whole exam process went smoothly. I thank all the people of the faculty who were

involved in this exam for all their efforts and for the opportunity it gave me to become a member.

Conflict of interest

I am not aware of any conflict of interest. I will not receive any compensation for this article. I am not employed by the FFLM and I will not directly gain by promoting the MFFLM exam.

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